

No. W 69178	Due no later than Dec 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		ROB MOORE 204 E SHERMAN COEUR D'ALENE ID 83814-0663
	RAEVAN, LLC HOLLY R HOLMAN PO BOX 663 MEDICAL LAKE WA 99022-0663		3. New Registered Agent Signature:*
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MANAGER	CARNEY V HOLMAN	6804 E 8TH AVE	SPOKANE WA USA 99212-0663
MANAGER	HOLLY R HOLMAN	PO BOX 663	VALLEY MEDICAL LAKE WA USA 99022-0663
5. Organized Under the Laws of: ID W 69178		6. Annual Report must be signed.* Signature: Holly R Holman Date: 10/20/2011 Name (type or print): Holly R Holman Title: Manager	
Processed 10/20/2011		* Electronically provided signatures are accepted as original signatures.	